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CENTRAL FAX CENTERPATENT
PD-0436 CIP

SEP 19 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
James D. Holker et al.)
Serial No: 09/779,282)
Filed: February 8, 2001)
For: IMPROVED ANALYTE SENSOR AND)
METHOD OF MAKING THE SAME)

Examiner: R. Maiorino

Art Unit: 3763

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office Fax No. (571) 273-8300:

September 19, 2005 Ajit S. Narang, Reg. 55,480
Date of facsimile Applicant, Assignee, or Registered Re.

Ajit S. Narang 9/19/05
Signature Date

**REQUEST FOR CONTINUED EXAMINATION (RCE)
APPLICATION UNDER 37 CFR § 1.114**

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 20 2005

Dear Sir:

1. ☒ The applicant hereby requests continued examination, in accordance with 37 CFR § 1.114, to the above-identified patent application.
2. ☒ This request is being submitted after a June 30, 2005 Final Office Action and before abandonment of the application.
3. ☒ An Amendment is being filed concurrently herewith.
4. ☐ Do not consider and enter the response filed _____, this response was not previously entered as noted on the _____ Advisory Action.
5. ☐ An Information Disclosure Statement with ___ reference(s) is being filed concurrently herewith.

09/20/2005 SDENB01 00000030 500621 05773282

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6. ☒ The filing fee is calculated as follows, and is based on the number of claims in the application after entry of the enclosed Amendment.

			<u>LARGE ENTITY</u>	<u>SMALL ENTITY</u>
	<u>Number Filed</u>	<u>Number Extra</u>	<u>Basic RCE Fee Rate \$ 790</u>	<u>Basic RCE Fee Rate \$395</u>
Total Claims	<u>14</u> - 20 =	0	x \$50 = \$	x \$25 =
Indep. Claims	<u>2</u> - 3 =	0	x \$200 = \$	x \$100 =
MULTIPLE DEPENDENT CLAIMS... _____			x \$360 = _____	x \$180 =
TOTAL FILING FEE			<u>\$790</u>	

7. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-0621. A copy of this sheet is enclosed.
8. ☐ Applicant's petition for a __ month extension of time is also enclosed.
9. ☒ The application is assigned of record to: **Medtronic MiniMed**
10. ☒ Address all future communications to:

Ajit S. Narang
MEDTRONIC MINIMED, INC.
18000 Devonshire Street
Northridge, CA 91325-1219

Dated: 9/19/05

Respectfully submitted,

Ajit S. Narang
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Reg. No. 55,480

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